

\*Submitted Date  
 \*Form Control Number



Department Control Number (Not Recorded in FINET)

\*Department Name

\*Division

TO: Director of Department

# REQUEST FOR IN STATE TRAVEL AUTHORIZATION

1. Traveler \*Employee Number: \*Name:  
 Non-State \*Dept / Unit: Title:

2. Destination of Travel Hotel  
 Is this the conference hotel or meeting location? **Yes** **No**

3. Date Leaving Time Leaving Home Base  
(MM/DD/YYYY) (HH:MM am/pm)  
 Date Returning Time Arriving at Home Base  
(MM/DD/YYYY) (HH:MM am/pm)

**Important: Car rentals are not allowed when you are staying in a conference hotel or if your business meetings will be held at this hotel. If you need a rental vehicle, please note the purpose in the comments section of this form.**

4. Inclusive Dates of Convention or Meeting attended, or Tour of Duty: from: to:  
(MM/DD/YYYY) (MM/DD/YYYY)

5. Mode of Transportation  
 Airplane (commercial)  
 Airplane (state-owned)  
 Private Auto  
(Attach Air Fare/Mileage comparison from State Travel Office.)  
 State-Owned Auto  
 Other (specify)

Estimated Costs:  
 Transportation  
 Car Rental (Attach Justification)  
 Buses , Taxis & Other  
 Lodging Per Diem Allowance:  
 Total Nights @ Amount  
**X**  
 Meals  
 Registration Fee  
 Subtotal  
 Less meals provided  
 Less lodging provided  
 Net Expenses

Is a travel advance requested? **Yes** **No**

90% of Meals & Incidentals

Amount Advanced

Fund	Dept	Unit	Approp	Activity	Func	Object	Program	Phase	Amount

6. Purpose of Travel/Comments: (Attach Copy of Convention or Meeting Agenda)

\*Required Fields

\_\_\_\_\_  
 \*Traveler's Signature

\_\_\_\_\_  
 \*Department / Department Budget Officer

\_\_\_\_\_  
 \*Division Director or Authorized Agent Approval  
(Can be the same as B&A Officer or Authorized Agent)

\_\_\_\_\_  
 Department Head or Authorized Agent Approval (written signature only)

**Original of this form is to be submitted with Reimbursement Request. Copy must be attached to Travel Advances and Registration Payments.**